DEPARTMENT OF HEALTH SERVICES

/14/744 P STREET SACRAMENTO, CA 95814 (916) 323-0503



August 26, 1987 CMSP Letter 87-8

TO: CMSP County Welfare Directors

INTERIM IRCA PROCEDURES

This letter transmits the County Medical Services Program (CMSP) interim procedures for implementing the federal Immigration Reform and Control Act of 1986 (IRCA). These procedures are necessary because IRCA extends medical services to aliens who were not previously eligible for CMSP. Counties should follow these procedures until final procedures are issued in a future CMSP letter.

CA 6 Process

The current CA 6 procedure as detailed in the CMSP Eligibility Manual (Sections 0303-0311) is still required for all aliens without acceptable Immigration and Naturalization Service (INS) documentation. Attachment 1 provides examples of acceptable INS documentation. Included in these examples are two "IRCA" cards, the I-688A Employment Authorization Card and the I-688 Temporary Resident Card.

Aliens with I-688A (red) cards have met initial INS amnesty eligibility requirements and have a properly filed application for temporary residency. The I-688A is valid for six months only, within which time the INS will either grant or deny temporary resident status. Otherwise eligible aliens with an I-688A are entitled to the full scope of CMSP benefits until the expiration date shown on the card or until they are denied temporary resident status. Counties should set the redetermination date on such IRCA aliens to coincide with this expiration date.

Similarly, aliens with I-688 (green) cards have been granted amnesty, or more specifically, temporary resident status. The I-688 is valid for 32 months, within which time INS grants or denies permanent resident status. Otherwise eligible aliens with an I-688 are entitled to the full scope of CMSP benefits until the expiration date shown on the card or until permanent status is denied. Annual redeterminations should be conducted except that a redetermination is due in the final eight months which the I-688 is valid. This redetermination date should coincide with the expiration date on the I-688.

Aid Codes

DHS has designated aid code 50 to identify CMSP IRCA eligibles for claiming available federal funds. However, since the necessary MEDS/claims processing changes have not been completed, counties should continue to use existing CMSP aid codes (84, 85, 88, 89) for CMSP IRCA eligibles. Counties will be notified as soon as aid code 50 is operational.

CMSP IRCA Log

In order to compute the costs of eligibility determinations to counties for IRCA eligibles, counties should maintain a CMSP IRCA log (Attachment 2) and forward it quarterly to:

Department of Health Services County Health Services Branch 714 P Street, Room 523 P.O. Box 942732 Sacramento, CA 94234-7320 Attn: CMSP IRCA Claiming

These logs will be used by DHS to retroactively claim federal funds available for IRCA costs and to reimburse counties for eligibility determination.

CMSP 237

Counties should continue using the CMSP 237. IRCA aliens should be included where appropriate and not be separately identified on the CMSP 237 since they will be tracked using the CMSP IRCA log information.

If you have any questions regarding this letter, please contact Albert Cooper of the County Health Services Branch at (916) 324-4892.

Sincerely,

Jam Martinez, Chief

county Medical Services Program

cc: SCAC Members

CMSP Contact Persons

CMSP Eligibility Liaisons

 $\begin{array}{c|c} \text{CMSP I} & \text{OG} \\ \text{(Completion instr.} & \text{ions on back)} \end{array}$

G. DATE OF DENIAL/ APPROVAL PERMANENT STATUS QTR/YEAR EXPIRATION OR DENIAL DATE 1-688 FFECTIVE EXP DATE COUNTY . E. I-588A EFFECTIVE EXPIRATION DATE OR DENIAL DATE DISCONTINUED OR DENIAL DATE dSM2 EFFECTIVE DATE ď. SS.C B. ICMSP ID # 10. Ξ. 12. 13. 14. 15. 4 œ 5 N. m 9

PHONE #

FORM COMPLETED BY

CMSP IRCA LOG COMPLETION INSTRUCTIONS

- 1. Record the county name, quarter and year in the spaces provided.
- 2. Complete a separate line for each case which includes a CMSP IRCA applicant/beneficiary for each transaction (grant, discontinue, denial).
 - A completed line includes information in columns A, B, C, D and (E, F, or G) as appropriate.
- 3. Sign and date the form at the end of each calendar quarter.
- 4. Within 15 days after the close of a calendar quarter, forward the log to:

Department of Health Services County Health Services Branch 714 P Street, Room 523 P.O. Box 942732 Sacramento, CA 94234-7320 Attn: CMSP IRCA Claiming